



STREET USE APPLICATION

Event: Community First Fox Cities Marathon

Sponsored by: Community First Credit Union

Responsible Person: Jesse Drake, Race Operations Manager

Address: Po Box 1315
Appleton WI 54912-1315

Phone: (920) 882-5219 office, (920) 450-0083 cell

Email Address: jesse.drake@communityfirstcu.org

Street Route: (Attach Map) Marathon race starts @ UW-Fox Valley on Midway Rd. and finishes
Description of Use @ Riverside Park in Neenah. Please see attached maps + explanations.

Street Use Date: 9/18/2011

Start Time: 6:00 AM

End Time: 2:00 PM

Number of Units: 5,000+ runners
and walkers

Liability Insurance has been secured in the amount of \$ 2,000,000 with the City of Menasha named as the additional insured. This is primary insurance.

Insurance Company Valley Insurance Associates, Inc. Policy No. CP3166813
(Attached is a copy of the certificate of insurance).

Date: 2/3/2011 Applicant's Signature: Jesse Drake

Permit Fee: Each application for a Street Use Permit shall be accompanied by a fee of Twenty-Five Dollars (\$25.00). Make checks payable to City of Menasha. See highlighted portion of the attached City of Menasha Municipal Code.

Note to events planning to use City Parks and/or greenspace: Any multi-day event or event which plans to sell beer and/or wine to the public must appear before the Parks and Recreation Board.

TO BE COMPLETED BY CITY STAFF (Revised May 2010)

Scheduled Park & Recreation Board Review Date: _____

Not Required: _____ Approved: _____ Denied: _____

Scheduled Common Council Review Date: 9/16/11

Approved: _____ Denied: _____

APPROVAL:

Police Dept. JB Fire Dept. AD Public Works Dept. MR City Attorney _____



2011 Community First Fox Cities Marathon Start Line:

UW-Fox Valley, Midway Road – Menasha

- Requesting Midway Road from University Avenue to Hwy. 10/Oneida Street to be closed (entire 4-lane road) to traffic from 6:00 a.m. until 8:15 a.m.
 - State Patrol will secure the Oneida St/Midway Rd intersection
- City of Menasha Police officers (in conjunction with the Town of Menasha Police officers) are needed at Midway Rd/University Ave intersection to direct traffic into UW-Fox Valley and Sabre Lanes parking lots (or traffic south on University Ave.)
 - Time Frame: 5:45 a.m. – 8:15 a.m.

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2011 Community First Fox Cities Marathon (City of Menasha Section):

The Fox Cities Marathon will re-enter the City of Menasha on Manitowoc Road and exit the City of Menasha at the Naymut St/Nicolet Blvd intersection – entering the City of Neenah.

- Please place traffic cones on the left side of the road (runners will be running in the left-hand side lane – against the normal flow of traffic) – please provide the runners with the width of one full traffic lane (to ensure the runners safety and allow the continued flow of traffic)
- Please also place “No Parking” signs where it is not already prohibited, on all roads of the Marathon route
 - Manitowoc Road/Plank Road
 - Melissa Street
 - Hwy. 114/Plank Road
 - Konemac Street
 - 3rd Avenue
 - Jefferson Park
 - Broad Street (running the wrong way on the 1-way street)
 - Racine Street (over Racine Street Bridge)
 - Naymut Street

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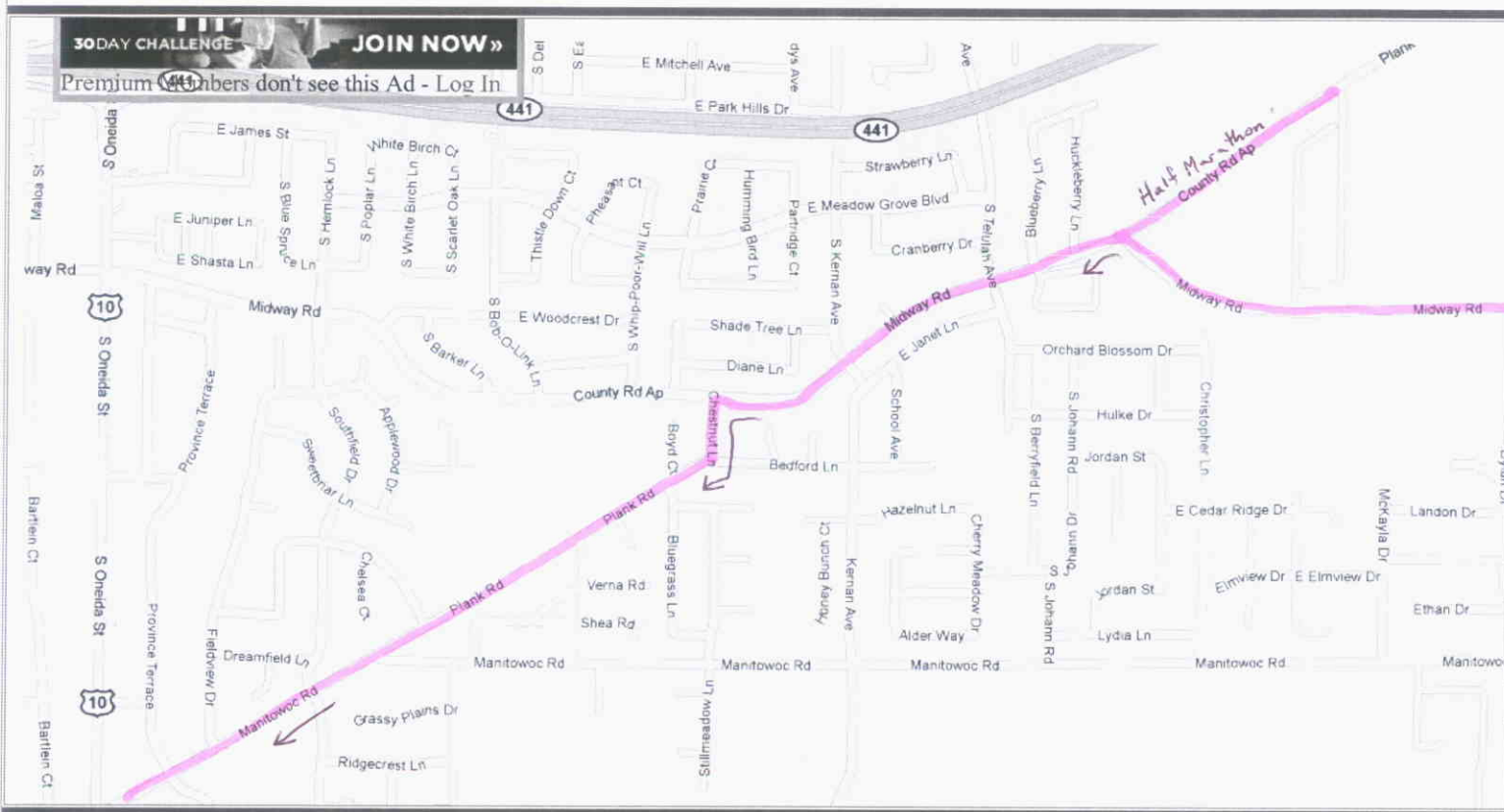
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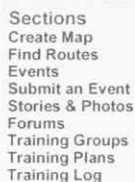
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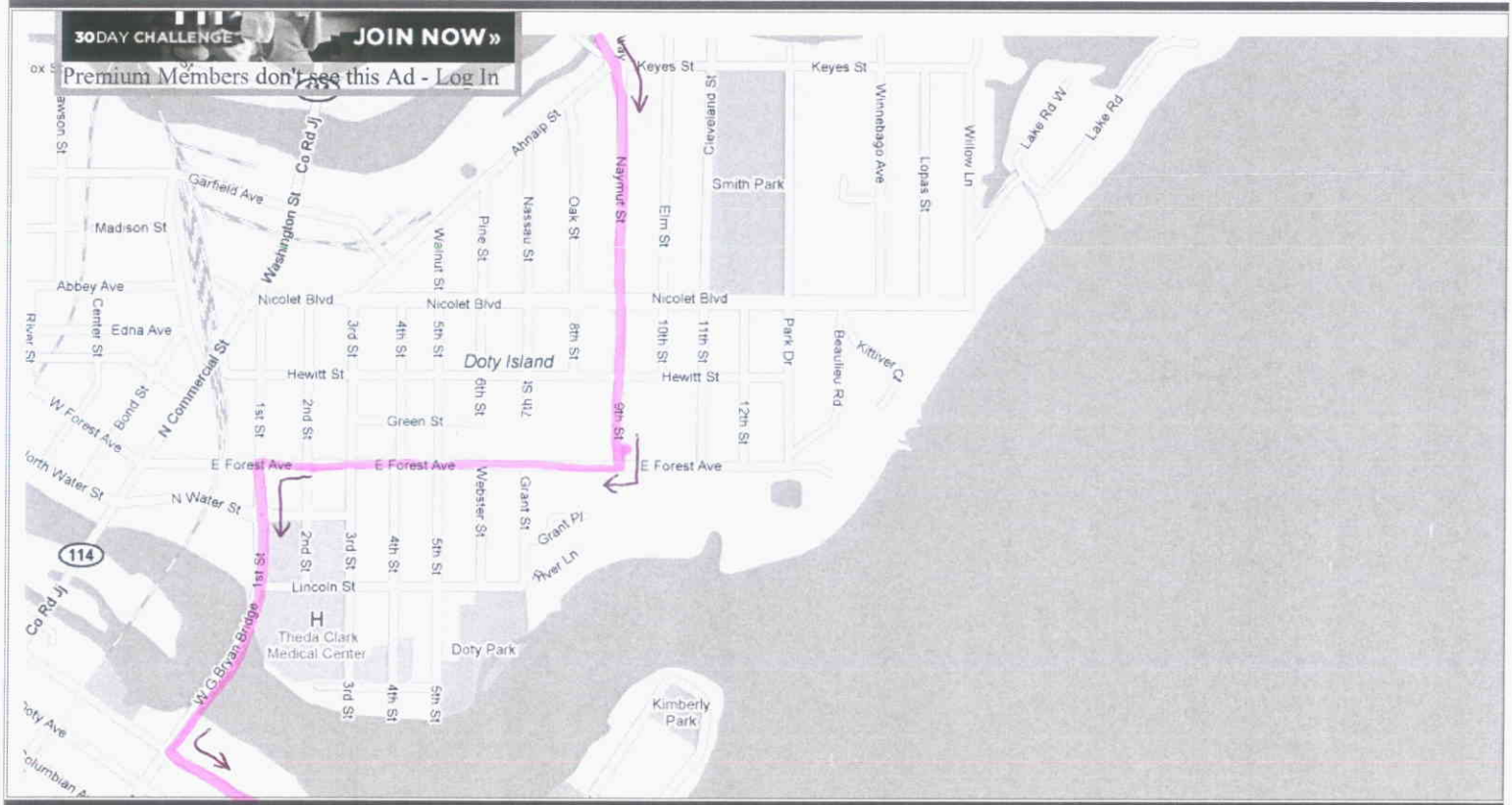
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CERTIFICATE OF LIABILITY INSURANCE

LEBE

DATE (MM/DD/YYYY)

8/8/2011

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Valley Insurance Associates, Inc. 3962 N Richmond St P O Box 1937 Appleton, WI 54912-1937		(920) 733-4944	CONTACT NAME: Betty A Leeman CIC PHONE (A/C, No, Ext): E-MAIL ADDRESS: PRODUCER CUSTOMER ID #: COMMFIR-02	FAX (A/C, No):
INSURED Community First Fox Cities Marathon c/o Mary Sullivan 2616 S Oneida St Appleton, WI 54912		INSURER(S) AFFORDING COVERAGE		NAIC #
		INSURER A: Secura Insurance		
		INSURER B:		
		INSURER C:		
		INSURER D:		
		INSURER E:		
		INSURER F:		

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY	X	CP3166813	8/2/2011	8/2/2012	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					MED EXP (Any one person) \$ exlcuded
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC					PERSONAL & ADV INJURY \$ 1,000,000
						GENERAL AGGREGATE \$ 2,000,000
						PRODUCTS - COMP/OP AGG \$ 2,000,000
						\$
A	AUTOMOBILE LIABILITY		A3166814	8/2/2011	8/2/2012	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> ANY AUTO					BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS					BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS					PROPERTY DAMAGE (Per accident) \$
<input checked="" type="checkbox"/> HIRED AUTOS						\$
<input checked="" type="checkbox"/> NON-OWNED AUTOS						\$
						\$
	UMBRELLA LIAB					EACH OCCURRENCE \$
	EXCESS LIAB					AGGREGATE \$
		OCCUR				\$
		CLAIMS-MADE				\$
	DEDUCTIBLE					\$
	RETENTION \$					\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					WC STATUTORY LIMITS
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N	N/A			OTHER
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. EACH ACCIDENT \$
						E.L. DISEASE - EA EMPLOYEE \$
						E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

EVENT: Marathon Race - Fox Cities Marathon
Dates 9-16, 2011 TO 9-18, 2011.

CERTIFICATE HOLDER

CANCELLATION

City of Menasha
 Attn: City Clerk
 140 Main St
 Menasha, WI 54952-

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Betty A Leeman

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IMPORTANT

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If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

DISCLAIMER

This Certificate of Insurance does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.



SECURA INSURANCE, A Mutual Company

P. O. BOX 819 APPLETON, WI 54912-0819

COMMON POLICY DECLARATIONS

RENEWAL DECLARATION

POLICY NO. 20-CP-003166813-1/000

RENEWAL OF 20-CP-003166813-0

ACCOUNT NUMBER: 00007210678

NAMED INSURED AND MAILING ADDRESS

AGENCY AND MAILING ADDRESS 481957 04

COMMUNITY FIRST FOX CITIES MARATHON
C/O MARY SULLIVAN
2616 S ONEIDA ST
APPLETON WI 54912

VALLEY INS ASSOC INC
PO BOX 1937
APPLETON WI 54912-1937

POLICY PERIOD: From 08/02/2011 to 08/02/2012 AT 12:01 A.M. STANDARD TIME AT YOUR MAILING ADDRESS SHOWN ABOVE.

ATTACH THIS RENEWAL DECLARATION TO YOUR POLICY.

THIS POLICY IS BEING RENEWED AT RATES IN EFFECT ON THE DATE OF RENEWAL.

PROGRAM: SELECT MARKETS

THE NAMED INSURED IS : CORPORATION

BUSINESS DESC : MARATHON

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE INSURANCE AS STATED IN THIS POLICY.

THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PARTS FOR WHICH A PREMIUM IS INDICATED. THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT.

	PREMIUM
COMMERCIAL PROPERTY	NOT COVERED
COMMERCIAL GENERAL LIABILITY	2,756
COMMERCIAL CRIME	NOT COVERED
COMMERCIAL INLAND MARINE	325
ESTIMATED TOTAL PREMIUM	\$3,081

This is not a bill - Invoice to follow.

FORMS AND ENDORSEMENTS APPLICABLE TO ALL COVERAGE PARTS

PL14001 0801* IL0017 (11-98) IL0283 (07-02) ILE0020 0304 ILE7000 0301

THESE DECLARATIONS AND THE COMMON POLICY DECLARATIONS, IF APPLICABLE, TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE FORM(S) AND FORMS AND ENDORSEMENTS, IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETE THE ABOVE NUMBERED POLICY.

COUNTERSIGNED AT: _____ DATE: _____ BY: _____

AUTHORIZED REPRESENTATIVE

Original 1500DA

IL 0019 9601 07-01-11 KJP IDS7

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P. O. BOX 819 APPLETON, WI 54912-0819
COMMERCIAL GENERAL LIABILITY
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LIMITS OF INSURANCE

GENERAL AGGREGATE	\$	2,000,000	
PRODUCTS-COMPLETED OPERATIONS AGGREGATE	\$	2,000,000	
PERSONAL INJURY & ADVERTISING INJURY	\$	1,000,000	
EACH OCCURRENCE	\$	1,000,000	
DAMAGE TO PREMISES RENTED TO YOU	\$	300,000	ANY ONE PREMISES
MEDICAL EXPENSE	\$	EXCLUDED	ANY ONE PERSON

PROPERTY DAMAGE DEDUCTIBLE: See Manuscript Forms

STATE - 1

LOCATION OF ALL PREMISES YOU OWN, RENT OR OCCUPY:

LOC # 1: 2616 S ONEIDA ST, APPLETON WI 54915

LOC CLASSIFICATION	CODE	PREMIUM BASIS	PMS RATE	PDTS RATE
1 EXHIBITIONS - IN BUILDINGS - NO ADMISSION CHARGED - NOT-FOR-PROFIT ONLY PRODUCTS-COMPLETED OPERATIONS ARE SUBJECT TO THE GENERAL AGGREGATE LIMIT	63220	EACH	1 949.905	INCL
1 EXHIBITIONS - IN BUILDINGS - NO ADMISSION CHARGED - NOT-FOR-PROFIT ONLY PRODUCTS-COMPLETED OPERATIONS ARE SUBJECT TO THE GENERAL AGGREGATE LIMIT	63220	EACH	1 617.619	INCL

Original



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ATTACH THIS RENEWAL DECLARATION TO YOUR POLICY.

LOC CLASSIFICATION	CODE	PREMIUM BASIS	PMS RATE	PDTS RATE
1 EXHIBITIONS - IN BUILDINGS - NO ADMISSION CHARGED - NOT-FOR-PROFIT ONLY PRODUCTS-COMPLETED OPERATIONS ARE SUBJECT TO THE GENERAL AGGREGATE LIMIT	63220	EACH	1 536.353	INCL
1 CLUBS - CIVIC, SERVICE OR SOCIAL - HAVING BUILDINGS OR PREMISES OWNED OR LEASED - NOT-FOR-PROFIT ONLY PRODUCTS-COMPLETED OPERATIONS ARE SUBJECT TO THE GENERAL AGGREGATE LIMIT	41668	AREA	50 92.099	INCL
1 EXHIBITIONS - IN BUILDINGS - NO ADMISSION CHARGED - NOT-FOR-PROFIT ONLY PRODUCTS-COMPLETED OPERATIONS ARE SUBJECT TO THE GENERAL AGGREGATE LIMIT	63220	EACH	1 142.666	INCL

ADDITIONAL INSURED(S)

CITY OF APPLETON
100 N APPLETON ST
APPLETON WI 54911

PER FORM: CG2026 (07-04)

CITY OF MENASHA
140 MAIN ST
MENASHA WI 54952

PER FORM: CG2026 (07-04)

CITY OF NEENAH
211 WALNUT ST
NEENAH WI 54956

PER FORM: CG2026 (07-04)

FOX VALLEY TECHNICAL COLLEGE
1825 N BLUEMOUND RD
APPLETON WI 54915

PER FORM: CG2026 (07-04)

MEMBERS OF THE CONDO ASSOCIATION
1455 MIDWAY RD
MENASHA WI 54952

PER FORM: CG2026 (07-04)

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ADDITIONAL INSURED(S)

PENTECOSTALS OF THE FOX CITIES
1445 MIDWAY RD
MENASHA WI 54952

PER FORM: CG2026 (07-04)

TOWN OF MENASHA
2000 MUNICIPAL DR
NEENAH WI 54956

PER FORM: CG2026 (07-04)

UW FOX VALLEY
1478 MIDWAY RD
MENASHA WI 54952

PER FORM: CG2026 (07-04)

VALLEY TRUCK LEASING INC
5668 NEUBERT RD
APPLETON WI 54913

PER FORM: CG2026 (07-04)

VILLAGE OF GRAND CHUTE
1900 GRAND CHUTE BLVD
APPLETON WI 54913

PER FORM: CG2026 (07-04)

WISCONSIN DEPT OF TRANSPORTATION
911 VANDERPERREN WAY
GREEN BAY WI 54324

PER FORM: CG2026 (07-04)

WISCONSIN TIMBER RATTLERS BASEBALL CLUB
2400 N CASALOMA DR
APPLETON WI 54913

PER FORM: CG2026 (07-04)

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MANUSCRIPT FORMS:

CG0300 (01-96) : DEDUCTIBLE LIABILITY INSURANCE

Coverage	Amount and Basis of Deductible
Property Damage Liability	\$ 500 per CLAIM
LIMITATIONS ON APPLICATION OF THIS ENDORSEMENT:	

THIS PER CLAIM PROPERTY DAMAGE LIABILITY DEDUCTIBLE WILL NOT EXCEED \$2,500
RESULTING FROM ANY ONE "OCCURRENCE".

CG2101 (11-85) : EXCLUSION - ATHLETIC OR SPORTS PARTICIPANTS
ANY AND ALL RUNNERS, WALKERS, CREW, COACHES OR TRAINERS

CG2144 (07-98) : LIMITATION OF COVERAGE TO DESIGNATED PREMISES OR PROJECT
PLANNING, ORGANIZING AND OPERATING FOX CITIES MARATHON EVENTS HELD

CG2144 (07-98) : LIMITATION OF COVERAGE TO DESIGNATED PREMISES OR PROJECT
SEPTEMBER 17-19, 2010

CG2135 (10-01) : EXCLUSION - COVERAGE C - MEDICAL PAYMENTS
DESCRIPTION AND LOCATION OF PREMISES:

TERRORISM RISK INSURANCE ACT (ANNUAL) CHARGE IS

\$54

GENERAL LIABILITY ADVANCE PREMIUM

\$2,756

Original



SECURA INSURANCE, A Mutual Company
P. O. BOX 819 APPLETON, WI 54912-0819
COMMERCIAL GENERAL LIABILITY
RENEWAL DECLARATION

POLICY NO. 20-CP-003166813-1/000
RENEWAL OF 20-CP-003166813-0

ACCOUNT NUMBER: 00007210678

NAMED INSURED AND MAILING ADDRESS

AGENCY AND MAILING ADDRESS 481957 04

COMMUNITY FIRST FOX CITIES MARATHON
C/O MARY SULLIVAN
2616 S ONEIDA ST
APPLETON WI 54912

VALLEY INS ASSOC INC
PO BOX 1937
APPLETON WI 54912-1937

POLICY PERIOD: From 08/02/2011 to 08/02/2012 AT 12:01 A.M. STANDARD TIME AT YOUR MAILING ADDRESS SHOWN ABOVE.
ATTACH THIS RENEWAL DECLARATION TO YOUR POLICY.

FORMS AND ENDORSEMENTS

APPLYING TO COMMERCIAL GENERAL LIABILITY COVERAGE PART AND MADE PART OF THIS POLICY AT TIME OF ISSUE:

CG2135 (10-01)	CG0300 (01-96)	IL0021 (07-02)	CG0067 (03-05)	CG0001 (10-01)	CG2147 (07-98)
CG0124 (01-93)	ILE0196 9309	ILE0195 9812	CG2026 (07-04)	CG2101 (11-85)	CG2144 (07-98)
CG2146 (07-98)	CG2167 (04-02)	ILE0197 9910	CG2426 (07-04)	CG2162 (09-98)	ILE 0465 1009*
SGE 2103 1001	SGE 2104 1001	SGE 2105 1001	SGE 2106 1001	SGE 2108 1001	SGE 2401 1001
CG2170 (01-08)	CG2169 (01-02)	CG2187 (01-07)			

THESE DECLARATIONS AND THE COMMON POLICY DECLARATIONS, IF APPLICABLE, TOGETHER WITH THE COMMON POLICY CONDITIONS,
COVERAGE FORM(S) AND FORMS AND ENDORSEMENTS, IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETE THE ABOVE NUMBERED POLICY.

COUNTERSIGNED AT: _____ DATE: _____ BY: _____

AUTHORIZED REPRESENTATIVE

Original

CPP 4506 9601

07-01-11 KJP 1087

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SECURA INSURANCE, A Mutual Company

P. O. BOX 819 APPLETON, WI 54912-0819

COMMERCIAL INLAND MARINE

RENEWAL DECLARATION

POLICY NO. 20-CP-003166813-1/000

RENEWAL OF 20-CP-003166813-0

ACCOUNT NUMBER: 00007210678

NAMED INSURED AND MAILING ADDRESS

AGENCY AND MAILING ADDRESS 481957 04

COMMUNITY FIRST FOX CITIES MARATHON
C/O MARY SULLIVAN
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APPLETON WI 54912

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ATTACH THIS RENEWAL DECLARATION TO YOUR POLICY.

STATE - 1

EXHIBITION FLOATER

COVERED PROPERTY

Described Property:

COVERED PREMISES

Described Premises:

Date:

Limit:

2616 S ONEIDA ST

FOX CITIES MARATHON

09/17/2010 to 09/19/2010

\$10,000

DEDUCTIBLE

Deductible Amount

\$500

COINSURANCE

Coinsurance Percentage 100%

☐ Check if coinsurance provisions are waived

COVERAGE PREMIUM

\$300

Original



SECURA INSURANCE, A Mutual Company

P. O. BOX 819 APPLETON, WI 54912-0819

COMMERCIAL INLAND MARINE

RENEWAL DECLARATION

POLICY NO. 20-CP-003166813-1/000

RENEWAL OF 20-CP-003166813-0

ACCOUNT NUMBER: 00007210678

NAMED INSURED AND MAILING ADDRESS

AGENCY AND MAILING ADDRESS 481957 04

COMMUNITY FIRST FOX CITIES MARATHON
C/O MARY SULLIVAN
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APPLETON WI 54912

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ATTACH THIS RENEWAL DECLARATION TO YOUR POLICY.

TERRORISM RISK INSURANCE ACT (ANNUAL) CHARGE IS

\$25

TOTAL INLAND MARINE PREMIUM

\$325

FORMS AND ENDORSEMENTS

APPLYING TO COMMERCIAL INLAND MARINE COVERAGE PART AND MADE PART OF THIS POLICY AT TIME OF ISSUE:

IM7503 (04-04)* CL0197 (01-01)* IM2101 (08-09)* CL0100 (03-99) CL0700 (10-06)* ILE0666 9806

IL0952 (03-08)* IL0030 (01-06) IL0995 (01-07)

THESE DECLARATIONS AND THE COMMON POLICY DECLARATIONS, IF APPLICABLE, TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE FORM(S) AND FORMS AND ENDORSEMENTS, IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETE THE ABOVE NUMBERED POLICY.

COUNTERSIGNED AT: _____ DATE: _____ BY: _____

AUTHORIZED REPRESENTATIVE

Original

CPP 4507 9601

07-01-11 KJP 1087

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SECURA INSURANCE, A Mutual Company

P. O. BOX 819 APPLETON, WI 54912-0819

FORMS SCHEDULE

POLICY NO. 20-CP-003166813-1/000

RENEWAL OF 20-CP-003166813-0

ACCOUNT NUMBER: 00007210678

NAMED INSURED AND MAILING ADDRESS

AGENCY AND MAILING ADDRESS 481957 04

COMMUNITY FIRST FOX CITIES MARATHON
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2616 S ONEIDA ST
APPLETON WI 54912

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POLICY PERIOD: From 08/02/2011 to 08/02/2012 AT 12:01 A.M. STANDARD TIME AT YOUR MAILING ADDRESS SHOWN ABOVE.

COMMON POLICY FORMS

PLI4001 0801* DISCLOSURE PURSUANT TO TRIA - TERRORISM COV NOTICE
IL0017 (11-98) COMMON POLICY CONDITIONS
IL0283 (07-02) WISCONSIN CHANGES - CANCELLATION & NONRENEWAL
ILE0020 0304 MUTUAL COMPANY PARTICIPATION PROVISIONS
ILE7000 0301 MULTIPLE DEDUCTIBLE COORDINATION

COMMERCIAL GENERAL LIABILITY FORMS

CG2135 (10-01) EXCLUSION-COVERAGE C-MEDICAL PAYMENTS
CG0300 (01-96) DEDUCTIBLE LIABILITY INSURANCE
IL0021 (07-02) NUCLEAR ENERGY LIABILITY EXCLUSION ENDORSEMENT
CG0067 (03-05) EXCLUSION -VIOLATION OF STATUTES THAT GOVERN EMAIL
CG0001 (10-01) COMMERCIAL GENERAL LIABILITY COVERAGE FORM
CG2147 (07-98) EMPLOYMENT-RELATED PRACTICES EXCLUSION
CG0124 (01-93) WISCONSIN CHANGES - AMENDMENT OF POLICY CONDITIONS
ILE0196 9309 LEAD LIABILITY EXCLUSION
ILE0195 9812 ASBESTOS EXCLUSION
CG2026 (07-04) ADDITIONAL INSURED-DESIGNATED PERSON OR ORGANIZATN
CG2101 (11-85) EXCLUSION-ATHLETIC OR SPORTS PARTICIPANTS
CG2144 (07-98) LIMITATION OF COVERAGE TO DESIGNATED PREMISES
CG2146 (07-98) ABUSE OR MOLESTATION EXCLUSION
CG2167 (04-02) FUNGI OR BACTERIA EXCLUSION
ILE0197 9910 PUNITIVE DAMAGES EXCLUSION
CG2426 (07-04) AMENDMENT OF INSURED CONTRACT DEFINITION
CG2162 (09-98) EXCLUSION-YR 2000 COMPUTER RELATED AND OTHER ELECT
ILE 0465 1009* TWO OR MORE COVERGE FORMS OR POLICIES ISSUED BY US
SGE 2103 1001 EXCLUSION - LIQUOR LIABILITY
SGE 2104 1001 EXCLUSION - ASSAULT AND BATTERY
SGE 2105 1001 EXCLUSION - FIREWORKS
SGE 2106 1001 EXCLUSION - AMUSEMENT DEVICES
SGE 2108 1001 EXCLUSION - SPORTS AND STUNTS
SGE 2401 1001 EXCESS PROVISION
CG2170 (01-08) CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM
CG2169 (01-02) WAR OR TERRORISM EXCLUSION
CG2187 (01-07) CONDITIONAL EXCLUSION OF TERRORISM

* Forms revised during the previous policy term or added as part of the renewal.
Current editions of these forms are included with the Original copy of the Renewal.

Original



SECURA INSURANCE, A Mutual Company

P. O. BOX 819 APPLETON, WI 54912-0819

FORMS SCHEDULE

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RENEWAL OF 20-CP-003166813-0

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COMMERCIAL INLAND MARINE FORMS

IM7503 (04-04)* EXHIBITION FLOATER
CL0197 (01-01)* AMENDATORY ENDORSEMENT - WISCONSIN
IM2101 (08-09)* AMENDATORY ENDORSEMENT - WISCONSIN
CL0100 (03-99) COMMON POLICY CONDITIONS
CL0700 (10-06)* VIRUS OR BACTERIA EXCLUSION ENDORSEMENT
ILE0666 9806 EXCLUSION OF CERTAIN-COMPUTER RELATED LOSSES
IL0952 (03-08)* CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM
IL0030 (01-06) EXCLUSION OF TERRORISM
IL0995 (01-07) CONDITIONAL EXCLUSION OF TERRORISM

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AUTHORIZED REPRESENTATIVE

Original

07-01-11

KJP IDS7

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